

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Public Employees' Retirement System		CONTACT PERSON Jane L. Mapp	TELEPHONE NUMBER 601-359-3592	
ADDRESS 429 Mississippi Street		CITY Jackson	STATE MS	ZIP 39201
EMAIL JMapp@pers.ms.gov	SUBMIT DATE 06/27/2012	Name or number of rule(s): Regulation 45-A		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The proposed amendments to Regulation 45A are to: (1) amend Sections 102.1, 105.1.d, and 105.5 to clarify that for duty-related disability benefits to be payable the disability must have been as a direct result of a physical injury sustained from an accident or a traumatic event caused by external violence or physical force that occurred in the performance of duty; (2) amend Section 102.2 to remove misleading verbiage about an individual who has received a refund (an individual who receives a refund of contributions is no longer a member); (3) amend Section 102.3 to clarify that Option 6 is the partial lump sum option; (4) amend Section 103 to conform language to Board Regulation 35 Section 101.6; (5) amend Section 104.2 to remove misleading verbiage referring to administrative leave and to Workers' Compensation benefits (same changes proposed to Board Regulation 35); (6) add Section 104.3 to clarify that to be eligible for a disability benefit a member must terminate from all positions in state service, whether covered or not, even if the member is not disabled from all positions; (7) add Section 104.4 to establish a required separation period of 90 days before a disability retiree may return to employment with a covered employer on a limited basis as currently prescribed by law and regulation for service retirees; (8) add Section 105.10 to clarify that all reported wages will be considered in determining average compensation, even if the member is not disabled from all positions; and (9) add Section 109 to incorporate Internal Revenue rule that duty-related disability benefits are excluded from income if certain Internal Revenue Service prescribed conditions are met. The effective date of the proposed amendments will be August 1, 2012.

Specific legal authority authorizing the promulgation of rule: 25-11-15(6)

List all rules repealed, amended, or suspended by the proposed rule: Regulation 45-A

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

X Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

X Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES <input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	PROPOSED ACTION ON RULES Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	FINAL ACTION ON RULES Date Proposed Rule Filed: <u>05/02/2012</u> Action taken: <input checked="" type="checkbox"/> X Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): <u>August 1, 2012</u>
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Printed name and Title of person authorized to file rules: Jane L. Mapp, Special Assistant Attorney General

Signature of person authorized to file rules: /s/ *Jane L. Mapp*

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 50px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 50px; width: 100%;"></div> Accepted for filing by	OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 5px; text-align: center;"> FILED JUN 27 2012 MISSISSIPPI SECRETARY OF STATE CB18928E </div> Accepted for filing by
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The entire text of the Proposed Rule, including the text of any rule being amended or changed is attached.